

Attachment B

Invoice payable to SHPS
Invoice: OPM0001579
Invoice Date: 9/20/2007
Page: 1 of 1

New payment process effective with this invoice. Outstanding invoices from billings prior to October 2007 MUST be paid using previous procedures.

Bill to:
Office of Accounts Payable
Attn: Mark Money
5338 42nd St. NW
Room 5710
Washington DC 20103
United States

Customer No: 59999
Payment Terms: Net 30
Due Date: 10/20/2007
EIN 61-1169783

Amount Due: \$243.00 USD original

For billing questions, please contact Rhonda Payne at (502) 420-5502 or email FSAFEDS-billing@shps.com

Line 1
Description Dependent Care FSA 01/2006 (Elected \$5,000@ 1.5%)
Quantity 1.00
Amount Charged* 75.00
Net Amount \$75.00

Line 2
Description Health Care FSA 01/2006 (2 participants @ 12 months)
Quantity 24.00
Amount Charged* 4.00
Net Amount \$96.00

Line 3
Description Health Care FSA 03/2006 (1 participant(s) @ 10 months)
Quantity 10.00
Amount Charged* 4.00
Net Amount \$40.00

Line 4
Description Health Care FSA 05/2006 (1 participant(s) @ 8 months)
Quantity 8.00
Amount Charged* 4.00
Net Amount \$32.00

Subtotal: 243.00
AMOUNT DUE: 243.00 USD

SHPS Payment Instructions:

Please refer to Central Contractor's Registration Database (CCR) for SHPS Banking information. We are listed as SHPS Human Resource Solutions DUNS number 619336860 or you may contact Rhonda Payne at FSAFEDS-billing@shps.com to obtain banking information to pay this invoice.

Remittance Address:

SHPS, Inc.
Contract # 0303000009
9200 Shelbyville Road
Louisville, KY 40222

Addenda/Reference: Please include the customer and invoice numbers that are being remitted for payment.

*Per Participant Per Month (PPPM) for Health Care FSAs and yearly for Dependent Care FSAs.

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